

IPDTI INSTRUCTOR CERTIFICATION COURSE & DEFENSIVE TACTICS TRAINING

GREENEVILLE, TN - FRI/SAT, AUGUST 9/10, 2019

REGISTRATION FORM

(PLEASE PRINT OR TYPE)

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Law Enforcement Officer: Yes No Rank / Title: _____

Agency / Dept.: _____

Martial Arts Experience: _____ Style _____ Rank: _____

Email: _____ **Shirt Size:** M L XL XXL
(Circle one)

OPTIONS: Instructor Certification Course Fee \$595. Instructor Re-Certification \$300.
(Must complete 2 days to certify) (Must complete 2 days to re-certify)

DEFENSIVE TACTICS TRAINING ONLY: One Day \$100 Two Day \$200

Amount enclosed: \$ _____ Check MO AGENCY / DEPT. PO # _____

VISA MASTERCARD AMEX DISCOVER

Credit Card # _____ Exp: _____ V-Code: _____
(V-Code: MC-Visa-Discover - 3 digit code on back signature strip. On AMEX 4 digit code on front of card)

- Use separate registration form for each participant.
- Make checks and Money Orders payable to: **DSI, INC.**
- Mail to: **DSI, Inc. - 5928 HIXSON PIKE - STE A 323 - HIXSON, TN 37379**

I hereby voluntarily submit my application for attendance and participation in said course and hereby assume all responsibilities for any and all damages, injuries or losses I may sustain or incur while attending, participating and traveling to and from said activity. I hereby release and waive all claims against the sponsors, promoters, organizers, operators, hosts, instructors, associations, schools, owners, officers, directors, employees and other participants connected with said course individually or otherwise. I fully understand that in case of injury the only medical treatment provided will be first-aid. I understand that I must strictly obey instructors and observe safety rules. I understand that registration fees are non-refundable.

Signed: _____ Date: _____